

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)

LUIGIA

2. Surname (Last Name)

OCELLO

3. Date

10-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Gennaro Martucci

5. Manuscript Title

Personalized Blood Products in Neonatal ECMO: The Path between Protocols and Mortality

6. Manuscript Identifying Number (if you know it)

AOB-20-42

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Dr. OCELLO has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
GENNARO

2. Surname (Last Name)
MARTUCCI

3. Date
10-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Personalized Blood Products in Neonatal ECMO: The Path between Protocols and Mortality

6. Manuscript Identifying Number (if you know it)
AOB-20-42

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Dr. MARTUCCI has nothing to disclose.

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1. Given Name (First Name)

MARCELLO

2. Surname (Last Name)

PIAZZA

3. Date

10-July-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Gennaro Martucci

5. Manuscript Title

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ANTONIO

2. Surname (Last Name)

ARCADIPANE

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Yes No

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